

## Patient Encounter Data Elements

Agency \_\_\_\_\_ Facility \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Provider Client ID \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Gender \_\_\_\_\_

Ethnicity

Race (Circle One or More)

Veteran Status

Puerto Rican

Alaska Native

No

Mexican

American Indian

Not Collected

Cuban

Asian

Unknown

Other specific Hispanic

Black or African American

Yes

Not Hispanic or Latino

Native Hawaiian or Other

Hispanic or Latino- specific

Pacific Islander

origin not specified

Other Race

Unknown

Unknown

White

Citizenship

British

Canada

Cuba

France

Japan

Mexico

United States of America

Address \_\_\_\_\_ Type \_\_\_\_\_

City \_\_\_\_\_ Address County \_\_\_\_\_

ZIP \_\_\_\_\_ Residence County \_\_\_\_\_

Source of Referral

Alcohol/Drug Abuse Care Provider

Court/County Justice

Court/Criminal Justice –

Diversionary Program

Court/Criminal Justice – DUI/DWI

Court/Criminal Justice – Not Applicable

Court/Criminal Justice – Not Collected

Court/Criminal Justice – Other

Court/Criminal Justice – Other Court

Court/Criminal Justice – Other

Recognized Legal Entity

Court/Criminal Justice – Prison

Court/Criminal Justice – Probation/Parole

Court/Criminal Justice – State/Federal

Court

Court/Criminal Justice – Unknown

Crisis/Respite Program

Employer/EAP

Home

Individual (includes self-referral)

Nursing Home

Other Community Referral

Other Health Care Provider

Other IDD Facility

Personal Care Home

School (Educational)

Veterans Administration (VA)

Unknown

Initial Contact

by Appointment

Community Service Patrol

Other

Phone

Walk-in

Initial Contact Date \_\_\_\_\_

Intake Date \_\_\_\_\_

Pregnant \_\_\_\_\_ Due Date \_\_\_\_\_

Yes

No

Not Applicable

Unknown

HIV Positive

Yes

No

Unknown

Injection Drug User

Yes

No

Denies

Presenting Problem

\_\_\_\_\_

Admission Date \_\_\_\_\_

**Outcome Measure Date** \_\_\_\_\_

**SA Mental Health** (Circle One or Both)

**Codependent/Collateral**

Yes/No

**Education status**

None, never attended school  
First grade  
Second grade  
Third grade  
Fourth grade  
Fifth grade  
Sixth grade  
Seventh grade  
Eighth grade  
Ninth grade  
Tenth grade  
Eleventh grade  
Twelfth grade, High School  
Graduate or GED  
One Year of College  
Two Years of College or Associate's Degree  
Three Years of College  
Bachelor's Degree  
Some Post Graduate Study  
Master's Degree  
Graduate or Professional School -  
Doctoral Study, Med School,  
Law School, etc.  
Technical trade school  
Kindergarten  
Special Education Class  
Unknown

**Primary Diagnosis**

**Secondary Diagnosis**

**Mental Health:**

**SMI/SED Status**

At risk for SED (optional)  
Not SMI or SED  
SED  
SMI  
Unknown

**School Attendance (last 3 months)**

Attending School Regularly: 5 Days or  
Less Absent  
Home Schooled  
Not Applicable  
Not Attending School Regularly: 6  
Days or More Absent  
Not Available

**Employment Status**

Full Time  
Not in Labor Force- Disabled  
Not in Labor Force- Homemaker  
Not in Labor Force- Inmate of Institution  
Not in Labor Force- Not Applicable  
Not in Labor Force- Not Collected  
Not in Labor Force- Other  
Not in Labor Force- Retired  
Not in Labor Force- Student  
Not in Labor Force- Unknown  
Part Time  
Unemployed  
Unknown

**Living Situation**

Dependent Living  
Homeless  
Independent Living  
Unknown

**Is Client Indigent**

Yes/No

**# of Arrests in Past 30 Days** \_\_\_\_\_

**Program** \_\_\_\_\_

**Program Start Date** \_\_\_\_\_

**Tertiary Diagnosis**

**Days on Wait List** \_\_\_\_\_

**Mental Health Legal Status**

Involuntary- civil  
Involuntary- civil, sexual  
Involuntary- Criminal  
Involuntary- Juvenile Justice  
Not Applicable  
Not Collected  
Unknown  
Voluntary – others (parents,  
guardians, etc.)  
Voluntary – self

**Substance Use Disorder:****Co-Occurring SA and MH Problem**

Yes  
No  
Unknown

**# of times the client has attended a self-help program in the 30 days preceding the date of reference (admission or discharge) to treatment services. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from substance abuse and dependence.**

No attendance in the past month  
1-3 times in past month  
4-7 times in past month  
8-15 times in past month  
16-30 times in past month  
Some attendance in past month, but frequency unknown  
Unknown

**Health Insurance**

Blue Cross/Blue Shield  
Health Maintenance Organization (HMO)  
Medicaid  
Medicare  
None  
Other (e.g., Tricare, Champus)  
Private Insurance  
Unknown

**Marital Status**

Divorced  
Never Married  
Now Married  
Separated  
Unknown  
Widowed

**# of Prior SA Tx Episodes** \_\_\_\_\_

**Medication Assisted Tx**

Yes  
No  
Unknown  
Not Applicable

**Source of Income**

Disability  
None  
Other  
Public Assistance  
Retirement/Pension  
Unknown  
Wages/Salary

**Primary Payment Source**

Blue Cross/Blue Shield  
Medicaid  
Medicare  
No Charge  
Other  
Other Government Payments  
Other Health Insurance Companies  
Self-Pay  
Unknown

**See options below and complete for each substance:**

	Substance	Frequency	Method	Detailed Drug Code
Primary	_____	_____	_____	_____
Secondary	_____	_____	_____	_____
Tertiary	_____	_____	_____	_____

**Substance**

None  
Alcohol  
Cocaine/Crack  
Marijuana/Hashish/THC  
Heroin  
Non-Prescription Methadone  
Other Opiates and Synthetics  
PCP  
Other Hallucinogens  
Methamphetamine

Other Amphetamines  
Other Stimulants  
Benzodiazepines  
Other Non-Benzodiazepine Tranquilizers  
Barbiturates  
Other Non-Barbiturates Sedatives or Hypnotics  
Inhalants  
Over-the-Counter  
Other  
Unknown

**Frequency**

No use in the past month  
 1-3 times in the past month  
 1-2 times in the past week  
 3-6 times in the past week  
 Daily  
 N/A  
 Unknown

**Method**

Oral  
 Smoking  
 Inhalation  
 Injection (IV or Intramuscular)  
 Other  
 N/A  
 Unknown

**Detailed Drug Code**

Alcohol  
 Crack  
 Other Cocaine  
 Marijuana/Hashish  
 Heroin  
 Non-Prescription Methadone  
 Codeine  
 Propoxyphene (Darvon)  
 Oxycodone (Oxycotin)  
 Meperidine (Demerol)  
 Hydromorphone (Dilaudid)  
 Other Opiates or Synthetics  
 Pentazocine (Talwin)  
 Hydrocodone (Vicodin)  
 Tramadol (Ultram)  
 Buprenorphine  
 PCP or PCP Combination  
 LSD  
 Other Hallucinogens  
 Methamphetamine/Speed  
 Amphetamine  
 Methylenedioxymethamphetamine (MDMA, Ecstasy)  
 Other Amphetamines  
 Other Stimulants  
 Methylphenidate (Ritalin)  
 Alprazolam (Xanax)  
 Chordiazepoxide (Librium)  
 Clorazepate (Tranxene)  
 Diazepam (Valium)

Flurazepam (Dalmane)  
 Lorazepam (Ativan)  
 Triazolam (Halcion)  
 Other Benzodiazepines  
 Flunitrazepam (Rohypnol)  
 Clonazepam (Klonopin, Rivotril)  
 Meprobamate (Miltown)  
 Other Tranquilizers  
 Phenobarbital  
 Secobarbital/Amobarbital (Tuinal)  
 Secobarbital (Seconal)  
 Other Barbiturate Sedatives  
 Ethchlorvynol (Placidyl)  
 Glutethimide (Doriden)  
 Methaqualone  
 Other Non-Barbiturate Sedatives  
 Other Sedatives  
 Aerosols  
 Nitrites  
 Other Inhalants  
 Solvents  
 Anesthetics  
 Diphenhydramine  
 Other Over-the-Counter  
 Diphenylhydantoin/Phenytoin (Dilantin)  
 Other Drugs  
 GHB/GBL (Gamma-Hydroxybutyrate, Gamma-Butyrolactone)  
 Ketamine (Special K)

At what age did the client FIRST use the substances indicated above (if unknown, enter 97)

Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Tertiary \_\_\_\_\_